



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• NJ0002167799

INSTALLATION ADDRESS

BATES MANUFACTURING COMPANY, THE
NEWBURG ROAD
HACKETTSTOWN

NJ 07840

NEWBURG ROAD
HACKETTSTOWN

NJ 07840



PAG: John -
TSD F La class. fiction
Tool

PAG
JUL 25 8 43 AM '83
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10001

State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT

32 E. Hanover St., CN 027, Trenton, N.J. 08625

JACK STANTON
DIRECTOR

LINO F. PEREIRA
DEPUTY DIRECTOR

July 13, 1983

Mr. Nicholas J. Lucia, Jr., Plant Manager
The Bates Manufacturing Company
Newburg Road
Hackettstown, New Jersey 07840

RE: Facility Operating Status of the Bates Manufacturing
Company, Hackettstown, Warren County
EPA ID NO. NJD002167799

Dear Mr. Lucia:

This letter responds to your company's letter dated May 10, 1983 to the USEPA, Region II, regarding hazardous waste activities at your Hackettstown plant. The Bureau of Hazardous Waste Engineering (BHWE) has reviewed your company's file and has determined that the Bates submitted to the EPA a notification as a hazardous waste treatment, storage, or disposal (TSD) facility pursuant to Section 3010(a) of RCRA, 42 U.S.C. § 6930(a). The BHWE understands that your company afterwards reviewed its hazardous waste activities and concluded that Bates does not intend to be a TSD facility, but only a generator.

Please be advised that pursuant to the New Jersey Hazardous Waste Management Regulations N.J.A.C. 7:26-1 et seq., the New Jersey Department of Environmental Protection is charged with the regulation of hazardous waste in New Jersey. As a result of the information contained in your company's correspondence with the USEPA, the BHWE has determined that Bates be excluded from permitting under N.J.A.C. 7:26-1 et seq. because your facility accumulates hazardous waste on-site for less than 90 days. This exclusion classifies your facility solely as a generator provided the following requirements of N.J.A.C. 7:26-9.3 and 40 CFR 262.34 are complied with:

1. All such waste is, within 90 days or less, shipped off-site to an authorized facility.
2. The waste is placed in containers which meet the standards of N.J.A.C. 7:26-7.2 and are managed in accordance with N.J.A.C. 7:26-9.4(d).

gH
HMMMS
9/8/83

Nicholas J. Lucia, Jr.,

-2-

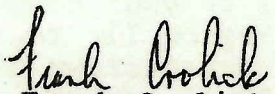
July 13, 1983

3. The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.
4. The generator complies with the requirements for owners and operators of N.J.A.C. 7:26-9.6 and 9.7 concerning preparedness and prevention, contingency plans and emergency procedures as well as N.J.A.C. 7:26-9.4(g) concerning personnel training.

This written acknowledgement of the exclusion of your facility from permitting under N.J.A.C. 7:26-1 et seq and 40 CFR 260-265 is based expressly on the review of the aforementioned correspondence. This letter makes no claim as to the extent and physical condition of the actual hazardous waste activities occurring at the site mentioned above. To operate a hazardous waste facility without prior approval from the NJDEP is a violation of the Solid Waste Management Act N.J.S.A. 13:1E et seq.

If you have any questions relative to this matter, please contact Ali Chaudhry of my staff at (609) 633-7714.

Very truly yours,



Frank Coolick, Chief
Bureau of Hazardous
Waste Engineering

FC:AAC:jb

c: Dave Shotwell
DWM-BCE

Joel Columbek ✓
USEPA-Region II

Dr. Dave Leu
DWM-BHWC

DATE RETURNED
REASON

5/28

FORM 3.

BATES MFG. CO.

☐ ACKNOWLEDGEMENT SENT

INTERNAL CHECKLIST

ID # NJD002167799

SIC code
Ex. permits

Complete

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐

(2) FORM 3 MISSING ☒

B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid ☐

C. (1) DATE of OPERATION MISSING ☐

(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐

(i) NON-ACQUIER ☐
D. (2) NOTIFIED after AUGUST 18, 1980 ☐ Valid ☐

E. (1) FORM 1, VIII B SIGNATURE MISSING ☐

(2) FORM 3, IX B SIGNATURE MISSING ☒

2. { A. HANDLER ☐

B. NONREGULATED ☐

C. UNSURE ☐

D. UNKNOWN FACILITY ☐
(missing name and address on Form 3)

E. NEW FACILITY > NOV. 19, 1980 ☐

F. CORE ITEM(S) MISSING ☐

G. NON-CORE ITEM(S) MISSING ☐

H. OTHER ☐

MISSING:

MAP ☐

DRAWING ☐

PHOTO ☐

PH 3.

FORM 1 GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> F NJ 0002167799 </div>
LABEL ITEMS <div style="border: 1px solid black; padding: 5px;"> I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION </div>		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

BATES Mfg Co.
 Newburg Rd
 PLEASE PLACE LABEL IN THIS SPACE
 HACKETTSTOWN, NJ 07840
 ATTN: John S. Wojcicki

II. POLLUTANT CHARACTERISTICS			
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.			
SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY	
1	SKIP THE BATES MFG CO.

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2	Wojcicki John S. MAINT. SUPER 201 852 9300

V. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX	
3	NEWBURG Rd.
B. CITY OR TOWN	
4	HACKETTSTOWN NJ
C. STATE	
5	NJ
D. ZIP CODE	
6	07840

VI. FACILITY LOCATION	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	
5	NEWBURG Rd.
B. COUNTY NAME	
6	MORRIS
C. CITY OR TOWN	
7	HACKETTSTOWN
D. STATE	
8	NJ
E. ZIP CODE	
9	07840
F. COUNTY CODE (if known)	
10	16

NEW YORK, N.Y. 10007
 JUN 10 1988
 EPA

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
C	7	(specify) Industrial Mold Stampings								C	7	(specify) Manufacturing							
15	16	19								15	16	19							
C. THIRD										D. FOURTH									
C	7	(specify)								C	7	(specify)							
15	16	19								15	16	19							

VIII. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?									
C	8	THE BATES MFG. CO.																																																66 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
15	16	50																																																66									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)																													
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify) P (specify)																														C A 201 852 9300 15 16 18 19 21 22 25																													
E. STREET OR P.O. BOX																														IX. INDIAN LAND																													
NEWBURG Rd.																														Is the facility located on Indian lands? 52 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																													
F. CITY OR TOWN																				G. STATE					H. ZIP CODE																																		
C	HACKETTSTOWN															NJ					07840																																						
15	16															40					41 42					47 51																																	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
C	T	I													C	T	I												
9	N														9	P													
15	16	17	18												15	16	17	18											
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
C	T	I													C	T	I	(specify)											
9	U														9														
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C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
C	T	I													C	T	I	(specify)											
9	R														9														
15	16	17	18												15	16	17	18											

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements. F9: A 50

XII. NATURE OF BUSINESS (provide a brief description)

Industrial Plant, Manufacturing office equipment, such as staples, staplers, numbering machines, phone indexes, rulers, etc.

F9: A 51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																				B. SIGNATURE																				C. DATE SIGNED									
John S. Woscicki MAINT. SUPERVISOR																																								5/28/81									

COMMENTS FOR OFFICIAL USE ONLY

C																																																	
15	16																																																

U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)																																																																																						
FORM 3510-3 RCRA					I. EPA I.D. NUMBER					T/A C																																																																												
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II. FIRST OR REVISED APPLICATION																																																																																						
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.																																																																																						
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<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)																																																																																						
<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)																																																																																						
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)																																																																																						
FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN																																																																																						
B. REVISED APPLICATION (place an "X" below and complete Item I above)																																																																																						
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS																																																																																						
<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT																																																																																						
III. PROCESSES - CODES AND DESIGN CAPACITIES																																																																																						
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).																																																																																						
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.																																																																																						
1. AMOUNT - Enter the amount.																																																																																						
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.																																																																																						
<table border="1"><thead><tr><th>PROCESS</th><th>PRO-CESS CODE</th><th>APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY</th><th>PROCESS</th><th>PRO-CESS CODE</th><th>APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY</th></tr></thead><tbody><tr><td>Storage:</td><td></td><td></td><td>Treatment:</td><td></td><td></td></tr><tr><td>CONTAINER (barrel, drum, etc.)</td><td>S01</td><td>GALLONS OR LITERS</td><td>TANK</td><td>T01</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>TANK</td><td>S02</td><td>GALLONS OR LITERS</td><td>SURFACE IMPOUNDMENT</td><td>T02</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>WASTE PILE</td><td>S03</td><td>CUBIC YARDS OR CUBIC METERS</td><td>INCINERATOR</td><td>T03</td><td>TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR</td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>S04</td><td>GALLONS OR LITERS</td><td>OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)</td><td>T04</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>Disposal:</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>INJECTION WELL</td><td>D79</td><td>GALLONS OR LITERS</td><td></td><td></td><td></td></tr><tr><td>LANDFILL</td><td>D80</td><td>ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER</td><td></td><td></td><td></td></tr><tr><td>LAND APPLICATION</td><td>D81</td><td>ACRES OR HECTARES</td><td></td><td></td><td></td></tr><tr><td>OCEAN DISPOSAL</td><td>D82</td><td>GALLONS PER DAY OR LITERS PER DAY</td><td></td><td></td><td></td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>D83</td><td>GALLONS OR LITERS</td><td></td><td></td><td></td></tr></tbody></table>															PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	Storage:			Treatment:			CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY	TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY	WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR	SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY	Disposal:						INJECTION WELL	D79	GALLONS OR LITERS				LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER				LAND APPLICATION	D81	ACRES OR HECTARES				OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY				SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
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EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.																																																																																						
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III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES								
	1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))								
X-1	K	0	5	4	900	P	T	0	3	D	8	0			
X-2	D	0	0	2	400	P	T	0	3	D	8	0			
X-3	D	0	0	1	100	P	T	0	3	D	8	0			
X-4	D	0	0	2											included with above

[illegible]

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)														
F	N	J	D	0	0	2	1	6	7	7	9	9	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

FG: $\frac{A}{55}$

FG: $\frac{A}{56}$

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
30	59	56	0	0	0	0	0	0	0	05	59	00	04	0	0	0	0		
65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82		

590004 305956

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)									
Bates Mtg. Co										201-852-9300									
3. STREET OR P.O. BOX										4. CITY OR TOWN									
Newburg Rd										Hackett's Town									
5. ST.										6. ZIP CODE									
NJ										07840									

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

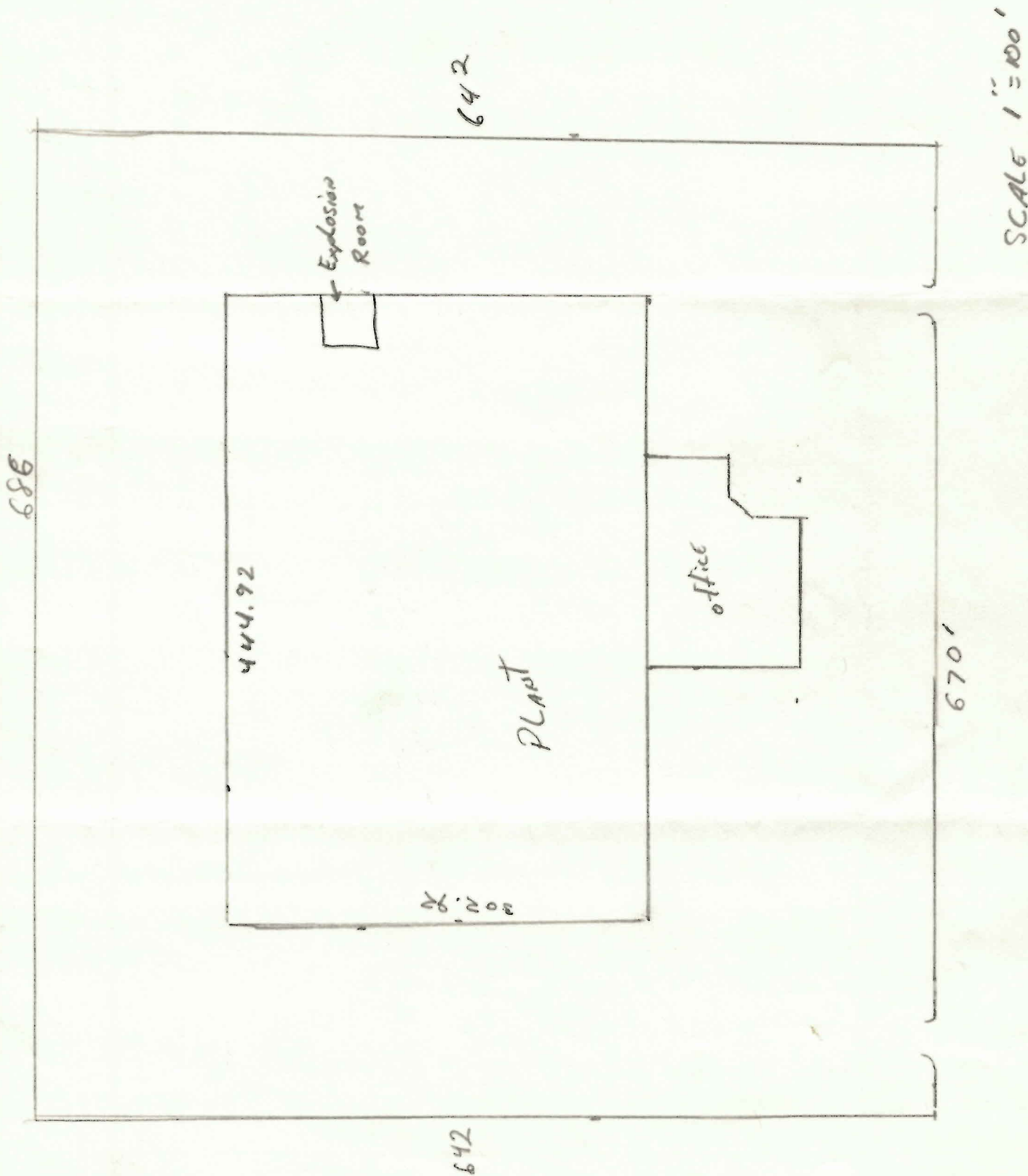
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
John Leszczak		June 8, 1981

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
John S. Wojcik		June 8, 1981

V. FACILITY DRAWING (see page 4)



the **BATES** manufacturing company

Hackettstown, New Jersey 07840, U. S. A. • (201) 852-9300
TELEX 136 371 Cable—BATESNUM



April 9, 1981

EPA Region II
Information Service Center
26 Federal Plaza
New York, NY 10007

Dear Sir:

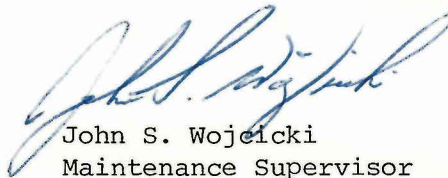
Enclosed you will find an application for an EPA identification number.

After discussing our plant with your office we have found that we are a small storage facility of hazardous waste. We do not come close to your 1000 kilo limit.

On our grounds at any given time, we have as follows:

- 110 gallons per year of paint sludge.
- 70 gallons of Perchloroethylene Domestic
- 55 gallons Acetone
- 220 gallons Toluene (for cutting paint)

If you have any further questions please feel free to contact me at the following phone number - (201) 852-9300 ext. 259.


John S. Wojcicki
Maintenance Supervisor

JSW/bmk

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

THE BATES Mfg. Co.

Newburg Rd.

HACKETTSTOWN, N.J. 07840

PLEASE PLACE LABEL IN THIS SPACE

NEWBURG Rd
HACKETTSTOWN, NJ

NJ0002167799

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F NJ0002167799 21

810414

I. NAME OF INSTALLATION

THE BATES MANUFACTURING COMPANY, THE

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 NEWBURG ROAD

CITY OR TOWN

4 HACKETTSTOWN

ST.

ZIP CODE

NJ 07840

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 NEWBURG ROAD

CITY OR TOWN

6 HACKETTSTOWN

ST.

ZIP CODE

NJ 07840

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 WOJCICKI JOHN S. MAINT. SUPER.

201-852-9300

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 THE BATES Mfg. Co.

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

[illegible]

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

	13		14		15		16		17		18	
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26	
	19		20		21		22		23		24	
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26	
	25		26		27		28		29		30	
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26	

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49		50		51		52		53		54
23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 – 261.24.)

- ☐ 1. IGNITABLE
(D001)

- ☐ 2. CORROSIVE
(D002)

- ☐ 3. REACTIVE
(D003)

- ☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED _____

Apply date
Part #
date

af

Bates Mfg. Co.
Hackettstown, N.J.
EAST
S. DE



Bates Mfg. Co.
Hackettstown, N.J.
WEST
Side



Bates Mfg. Co.
Hackettstown, N.J.
North
S. DE



Bates Mfg. Co.
Hackettstown, N.J.
South
S. DE





2 1/2 = 1 mile

Inspector

Feb. 4/82

BATES

Waste Catalogue

- 1) solvent mixed with 512 cleaner and oil
(acid)
material used for cleaning machinery
b) approximately 7 drums per year

- 2) machine and cutting oil waste
a) material used for lubrication and
cutting purposes.
b) approximately 15 drums per year

- 3) waste acetone and slope glue
a) material generated from glue pots
and excess runoff from glue process
b) approximately 6 drums per year

- 4) Shipper sludge
a) generated from shipping paint
from ports
b) Approximately 31 drums per year.

RCRA INSPECTION REVIEW SHEET

Name of Facility - Baker MFG Co.
 RCRA ID# - NTD002167799
 Date of Inspection - 4/16/82
 Type of Inspection: generator
 Name of EPA/State Inspector Mike NALBANE

Transporter

TSD

[Follow up to 2-4-82 Inspection]

Findings of Inspection:

violations existed

262.31

262.32

265.14(b)

265.13(a)

0.15(b)(c)(d)

0.16(d)

Action(s) Taken:

0.142

0.117

0.112a

0.110

0.52(c)(d)(e)(f)

265.51

Action(s) Recommended:

Notice in forming company of violations noted

ENVIRONMENTAL PROTECTION
 REGIONAL OFFICE
 NEW YORK, NY
 APR 25 1982
 RECEIVED

Follow up from
Feb 14/82 inspection

RCRA GENERATOR INSPECTION FORM

COMPANY NAME: Bates MFG. Co.

EPA I.D. NUMBER: NJD002167799

COMPANY ADDRESS: Newburg Road
Hacketts town NJ

COMPANY CONTACT OR OFFICIAL:

Nick Lutia

INSPECTOR'S NAME: Mike Nalbhone

TITLE:

Plant SAYS Manager

BRANCH/ORGANIZATION: NJDEP

CHECK IF FACILITY IS ALSO A TSD
FACILITY ☒

DATE OF INSPECTION:

4/16/82
YES NO DON'T
KNOW

(1) Is there reason to believe that the facility has hazardous waste on site?

X — —

a. If yes, what leads you to believe it is hazardous waste?
Check appropriate box:

☒ Company admits that its waste is hazardous during the inspection.

☐ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

ENVIRONMENTAL PROTECTION
AGENCY
APR 25 9 25 AM '82
PERMITS ADMIN. BRANCH
REGION II
NEW YORK OFFICE

YES NO DON'T
KNOW

- b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

— X —

Please explain:

- c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

- 1) Solvent waste —
- 2) machine and cutting oil waste —
- 3) Acetone and glue waste —
- 4) stripper sludge —

- d. Describe the activities that result in the generation of hazardous waste.

- 1) generated from cleaning machinery.
- 2) generated from cutting and lubrication
- 3) excess generation from glue process and cleaning machine
- 4) generated from stripping paint off parts.

- (2) Is hazardous waste stored on site?

X — —

- a. What is the longest period that it has been accumulated?

approx 1 1/2 years

- b. Is the date when drums were placed in storage marked on each drum?

company is dealing with disposal firm

- and is going to comply with labeling requirement

- (3) Has hazardous waste been shipped from this facility since November 19, 1980?

— X —

- a. If "yes," approximately how many shipments were made?

- (4) Approximately how many hazardous waste shipments off site have been made since November 19, 1980?

- a. Does it appear from the available information that there is a manifest copy available for each hazardous waste shipment that has been made?

— — —

- b. If "no" or "don't know," please elaborate.

<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
------------	-----------	-----------------------

c. Does each manifest (or a representative sample) have the following information?

- a manifest document number
- the generator's name, mailing address, telephone number, and EPA identification number
- the name, and EPA identification number of each transporter
- the name, address and EPA identification number of the designated facility and an alternate facility, if any:
- a description of the wastes (DOT)
- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle
- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA

—	—	—
—	—	—
—	—	—
—	—	—
—	—	—
—	—	—
—	—	—

N/A

(5) Were there any hazardous wastes stored on site at the time of the inspection?

<u>X</u>	—	—
----------	---	---

a. If "yes," do they appear properly packaged (if in containers) or, if in tanks, are the tanks secure?

<u>X</u>	—	—
----------	---	---

b. If not properly packaged or in secure tanks, please explain.

c. Are containers clearly marked and labelled? *3/15/83*

—	<u>X</u>	—
---	----------	---

d. Do any containers appear to be leaking?

—	<u>X</u>	—
---	----------	---

e. If "yes," approximately how many?

*(6) Has the generator submitted an annual report to EPA covering the previous calendar year? X

a. How do you know?

spoke with manager and is completing an annual report to be sent out to NJ DEP by the end of April.

(7) Has the generator received signed copies (from the TSD facility) of all manifests for wastes shipped off site more than 35 days ago? N/A

a. If "no," have Exception Reports been submitted to EPA covering these shipments? — — —

(8) General comments.

Since my original RCRA inspection, the company has made improvements to correct the poor storage conditions that existed in their hazardous waste area. Also since my visit on 2/4/82 the plant manager has contacted a disposal firm for their four categories of waste. He is also getting the waste off site in a more faster time period rather than storing waste for over a year.

I have noted that two manifested loads existed on 4/10/79 and 12/14/79. Other loads disposed of with bills of lading are attached. The paper violations which existed on the 4th of Feb. still exist but I was informed that a consulting firm was hired for compliance with state and Federal requirements.

* The effective date for this requirement is March 1, 1982.

STRAIGHT BILL OF LADING — SHORT FORM — ORIGINAL — NOT NEGOTIABLE

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading.

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Freight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

From THE BATES MANUFACTURING COMPANY
At HACKETTSTOWN, NEW JERSEY 07840

19 BY ☐ TRUCK ☐ FREIGHT ☐ Shipper's No. _____

Carrier J. FILBERTO SANITATION, INC.

Agent's No. _____

Consigned to CHEMICAL CONTROL CORPORATION ** VIA J. FILBERTO SANITATION INC. (Mail or street address of consignee — For purposes of notification only.)

Destination ELIZABETH State of NEW JERSEY County of UNION

Route _____

Delivering Carrier _____ Vehicle or Car Initial _____ No. _____

NO. PACKAGES	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	*WEIGHT (SUBJECT TO CORR.)	CLASS OR RATE	CHECK COLUMN	Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
	DRUMS - WASTE MACHINE & CUTTING OIL	# 15 - F			(Signature of Consignor)
	DRUMS - WASTE THINNER	# 16 - F			If charges are to be prepaid, write or stamp here, "To be Prepaid."
	DRUMS - WASTE SAFETY SOLVENT	# 23 - F	T		
	DRUMS - WASTE ACETONE & ADHESIVE	# 10 - F			
* J. FILBERTO SANITATION, INC. - THE ABOVE CARRIER certifies that it is registered and authorized with the Bureau of Solid Waste Management to transport the waste referenced above: SIGNED _____ Officer of J. FILBERTO, INC.					
** CHEMICAL CONTROL CORPORATION certifies that it is registered and authorized by the BUREAU OF SOLID WASTE MANAGEMENT for the disposal of the waste (certified) above. SIGNED _____ Representative CHEMICAL CONTROL CORPORATION.					
TOTAL PIECES					Received \$ _____ to apply in prepayment of the charges on the property described hereon.

† The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41, of the Consolidated Freight Classification.

‡ This is to certify that the above articles are properly described by name and are packed and marked and are in proper condition for transportation according to regulations by the Interstate Commerce Commission.
* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
† Shipper's imprints in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.
NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____

THIS SHIPMENT IS CORRECTLY DESCRIBED.					
CORRECT WEIGHT IS _____ LBS.					
				Shipper	

C. O. D. SHIPMENT

C.O.D. Amt. _____
Collection Fee _____
Total Charges _____

The Bates Manufacturing Company Shipper, Per J. Rettino _____ Agent, Per _____

Permanent post office address of shipper Hackettstown, New Jersey 07840

1

Frank + I went over this on 5/17/78.
would be liquid

J. Rettino

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading, the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern Western and Illinois Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

From **THE BATES MFG. CO.**
 At **NEWBURGH RD.**
HACKETTSTOWN, NEW JERSEY 07840 19__ BY TRUCK ☐ FREIGHT ☐ Shipper's No. ____
 By **J. FILBERTO SANITATION, INC** Company Agent's No. ____

(Mail or street address of consignee - For purposes of notification only.)

Consigned to **CHEMICAL CONTROL CORP.** VIA: J. FILBERTO SANITATION INC.**

Destination **ELIZABETH** State of **NEW JERSEY** County of **UNION**

Route _____

Delivering Carrier _____ Vehicle or Car Initial _____ No. _____

NO. PACKAGES	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	*WEIGHT (SUBJECT TO CORR.)	CLASS OR RATE	CHECK COLUMN	Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
	Oil & Oil Sludges, Emulsions				<div>Per _____ (Signature of Consignor.)</div> <div>If charges are to be prepaid, write or stamp here, "To be Prepaid."</div> <div>Received \$ _____ to apply in prepayment of the charges on the property described hereon.</div> <div>Agent or Cashier, _____</div> <div>Per _____ (The signature here acknowledges only the amounts prepaid.)</div>
	Paint & Pigment Residues				
	Solvent, Mixed				
	Ester, Alcohol, Ether, Ketone, Residues				
* J. FILBERTO SANITATION INC.- THE ABOVE CARRIER certifies that it is registered and authorized with the Bureau of Solid Waste Management to transport the waste referenced above: SIGNED _____ Officer of J. Filberto Inc.					
**CHEMICAL CONTROL CORP. certifies that it is registered and authorized by the Bureau of Solid Waste Management for the disposal of the waste (certified) above. SIGNED _____ Representative CHEMICAL CONTROL CORP.					
TOTAL PIECES					

† The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41, of the Consolidated Freight Classification.

† This is to certify that the above articles are properly described by name and are packed and marked and are in proper condition for transportation according to regulations by the Interstate Commerce Commission.

† If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

† Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____

THIS SHIPMENT IS CORRECTLY DESCRIBED.					
CORRECT WEIGHT IS _____ LBS.					
				Shipper	

C. O. D. SHIPMENT

C. O. D. Amt. _____

Collection Fee _____

Total Charges _____

The Bates Mfg. Co.
 Hackettstown, NJ 07840
 Permanent post office address of shipper

Shipper, Per **J. Rettino**

Agent, Per _____

1

REDIFIXT

STRAIGHT BILL OF LADING — SHORT FORM — ORIGINAL — NOT NEGOTIABLE

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading.

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every carrier to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

From THE BATES MANUFACTURING COMPANY *April 24*
At HACKETTSTOWN, NEW JERSEY 07840 1978 BY TRUCK ☒ FREIGHT ☐ Shipper's No. _____
Carrier J. FILBERTO SANITATION, INC. Agent's No. _____
Consigned to CHEMICAL CONTROL CORPORATION ** VIA J. FILBERTO SANITATION INC. * (Mail or street address of consignee — For purposes of notification only.)
Destination ELIZABETH State of NEW JERSEY County of UNION
Route _____

Delivering Carrier _____ Vessel or Car Initial _____ No. _____

NO. PACKAGES	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT (SUBJECT TO CORR.)	CLASS OR RATE	CHECK COLUMN	Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Per _____ (Signature of Consignor.) If charges are to be prepaid, write or stamp here, "To be Prepaid."
4	DRUMS - WASTE MACHINE & CUTTING OIL				Received \$ _____ to apply in prepayment of the charges on the property described herein. Agent or Cashier, _____ Per _____ (The signature here acknowledges only the amounts prepaid.)
	DRUMS - WASTE THINNER				
11	DRUMS - WASTE SAFETY SOLVENT				
13	DRUMS - WASTE TONER & ADHESIVE				
* J. FILBERTO SANITATION, INC. - THE ABOVE CARRIER certifies that it is registered and authorized with the Bureau of Solid Waste Management to transport the waste reference above: SIGNED _____ Officer of J. FILBERTO, INC. ** CHEMICAL CONTROL CORPORATION certifies that it is registered and authorized by the BUREAU OF SOLID WASTE MANAGEMENT for the disposal of the waste (certified) above: SIGNED _____ Representative CHEMICAL CONTROL CORPORATION.					
TOTAL PIECES					

† The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41, of the Consolidated Freight Classification.

† This is to certify that the above articles are properly described by name and are packed and marked and are in proper condition for transportation according to regulations by the Interstate Commerce Commission.
* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
† Shipper's imprints in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.
NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____

THIS SHIPMENT IS CORRECTLY DESCRIBED.
CORRECT WEIGHT IS _____ LBS. Per _____ Shipper
C. O. D. SHIPMENT
C.O.D. Amt. _____
Collection Fee _____
Total Charges _____

The Bates Manufacturing Company Shipper, Per J. Rettino Agent, Per _____
Permanent post office address of shipper Hackettstown, New Jersey 07840

1

Called on 5/9/78 said will get back. For C. O. D. called on 5/9/78

we have to "listen".

Mr. Roubal

609-292-9877

Tell him we are ~~interested~~
of this new system.

we need a number
cost of regulation
definition supplement to

M.D. H.C. 7:26-1.4

we want the manual form
and about looking system

VISUAL OBSERVATIONS

- | | <u>YES</u> | <u>NO</u> | <u>DON'T
KNOW</u> | |
|---|------------|-----------|-----------------------|--|
| (5) <u>SITE SECURITY</u> (§265.14) | | | | |
| a. Is there a 24-hour surveillance system? | <u>—</u> | <u>X</u> | <u>—</u> | <i>NOTE
* WASTE is
stored out-
SIDE with
Security.</i> |
| b. Is there a suitable barrier which completely surrounds the active portion of the facility? | | <u>X</u> | | |
| c. Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility? | <u>—</u> | <u>X</u> | <u>—</u> | |
| (6) Are there ignitable, reactive or incompatible wastes on site? (§265.27) | <u>X</u> | <u>—</u> | <u>—</u> | |
| a. If "YES", what are the approximate quantities? | | | | <i>Approximately 825 gallons</i> |
| b. If "YES", have precautions been taken to prevent accidental ignition or reaction of ignitable or reactive waste? | | <u>X</u> | <u>—</u> | |
| c. If "YES", explain | | | | <i>Materials were on an asphalt area and stored outside.</i> |
| d. In your opinion, are proper precautions taken so that these wastes do not: | | | | |
| - generate extreme heat or pressure, fire or explosion, or violent reaction? | <u>X</u> | <u>—</u> | <u>—</u> | |
| - produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health? | <u>X</u> | <u>—</u> | <u>—</u> | |
| - produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosions? | <u>X</u> | <u>—</u> | <u>—</u> | |
| - damage the structural integrity of the device or facility containing the waste? | <u>X</u> | <u>—</u> | <u>—</u> | |
| - threaten human health or the environment? | <u>—</u> | <u>—</u> | <u>—</u> | |

Please explain your answers, and comment if necessary.

- e. Are there any additional precautions which you would recommend to improve hazardous waste handling procedures at the facility?
- (7) Does the facility comply with preparedness and prevention requirements including maintaining: (§265.32)

	YES	NO	DON'T KNOW
- an internal communications or alarm system?	X	—	—
- a telephone or other device to summon emergency assistance from local authorities?	X	—	—
- portable fire equipment?	X	—	—
- adequate aisle space?	+	—	—
- in your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain.	←	—	—

In your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain.

- *(8) Have you inspected to verify that the groundwater monitoring wells (if any) mentioned in the facility's groundwater monitoring plan (see no. 19 below) are properly installed?

— N/A —

If you have, please comment, as appropriate.

- (9) a. Is there any reason to believe that groundwater contamination already exists from this facility? If "YES", explain.

— N/A —

- b. Do you believe that operation of this facility may affect groundwater quality?

— — —

- c. If "YES", explain.

RECORDS INSPECTION

- (10) Has the facility received hazardous waste from an off-site source since Nov. 19, 1980 (effective date of the regulations)?

— X —

- a. If "YES", does it appear that the facility has a copy of a manifest for each hazardous waste load received?

— — —

- b. How many post-November 19 manifests does it have? (If the number is large, you may estimate)

- c. Does each manifest (or a representative sample) have the following information?

- a manifest document number

— — —

* This requirement applies only after November 19, 1981.

YES NO DON'T
KNOW

- the generator's name, mailing address, telephone number, and EPA identification number
- the name, and EPA identification number of each transporter
- the name, address and EPA identification number of the designated facility and an alternate facility, if any;
- a DOT description of the wastes
- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle
- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA

d. Are there any indications that unmanifested hazardous wastes have been received since November 19, 1980? If YES, explain.

(11) Does the facility have a written waste analysis plan specifying test methods, sampling methods and sampling frequency? (\$265.13)

- a. Does the character of wastes handled at the facility change from day to day, week to week, etc., thus requiring frequent testing?
(You may check more than one)
Waste characteristics vary _____
All wastes are basically the same X
Company treats all waste as hazardous _____
Don't Know _____

b. Does hazardous waste come to this facility from off-site sources?

c. If waste comes from an off-site source, are there procedures in the plan to insure that wastes received conform to the accompanying manifest?

(12) INSPECTIONS (\$265.15)

a. Does the facility have a written inspection schedule?

b. Does the schedule identify the types of problems to be looked for and the frequency for inspections?

c. Does the owner/operator record inspections in a log?

d. Is there evidence that problems reported in the inspection log have not been remedied? If "YES," please explain.

N/A

NO

NO

N/A

NO

X

X

X

(13) PERSONNEL TRAINING (§265.16)

a. Is there written documentation of the following:

- job title for each position at the facility related to hazardous waste management and the name of the employee filling each job? — no —
- type and amount of training to be given to personnel in jobs related to hazardous waste management? — X —
- actual training or experience received by personnel? — X —

(14) Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosion or any unplanned release of hazardous waste? — no —
 (§265.51)

- a. Does the plan describe arrangements made with local authorities? — X —
- b. Has the contingency plan been submitted to local authorities? — X —
- How do you know?

- c. Does the plan list names, addresses, and phone numbers of Emergency Coordinators? — X —
- d. Does the plan have a list of what emergency equipment is available? — X —
- e. Is there a provision for evacuating facility personnel? — X —
- f. Was an Emergency Coordinator present or on call at the time of the inspection? — X —

(15) Does the owner/operator keep a written operating record with: (§265.73)

- a description of wastes received with methods and dates of treatment, storage or disposal? — N/A —
- location and quantity of each waste? — — —
- detailed records and results of waste analysis and treatability tests performed on wastes coming into the facility? — — —
- detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan? — — —

*(16) Does the facility have written closure and post-closure plans? (§265.110) — no —

a. Does the written closure plan include:

- a description of how and when the facility will be partially (if applicable) and ultimately closed? — X —

- an estimate of the maximum inventory of wastes in storage or treatment at any time during the life of the facility?

— X —

- a description of the steps necessary to decontaminate facility equipment during closure?

— X —

- a schedule for final closure including the anticipated date when wastes will no longer be received and when final closure will be completed?

— X —

b. What is the anticipated date for final closure?

— X —

tc. Does the owner/operator have a written post-closure plan identifying the activities which will be carried on after closure and the frequency of these activities?

— N/A —

d. Does the written post-closure plan include:

- a description of planned groundwater monitoring activities and their frequencies during post-closure?

— — —

- a description of planned maintenance activities and frequencies to ensure integrity of final cover during post-closure?

— — —

- the name, address and phone number of a person or office to contact during post-closure?

— — —

*(17) Does the owner/operator have a written estimate of the cost of closing the facility? (§265.142) What is it?

— NO —

*(18) Does the owner/operator have a written estimate of the cost for post-closure monitoring and maintenance? What is it? (§265.144)

— N/A —
— N/A —

*(19) Has a groundwater monitoring plan been submitted to the Regional Administrator for facilities containing a surface impoundment, landfill or land treatment process? (This requirement does not apply to recycling facilities.) (§265.90)

a. Does the plan indicate that at least one monitoring well has been installed hydraulically upgradient from the limit of the waste management area?

— — —

b. Does the plan indicate that there are at least three monitoring wells installed hydraulically downgradient at the limit of the waste management area?

— — —

† This section applies only to disposal facilities.

* Effective date for this requirement is May 19, 1981.

SITE-SPECIFIC

please circle all appropriate activities and answer questions on indicated pages for all activities circled. When you submit your report, include only those site-specific pages that you have used.

<u>STORAGE</u>	<u>TREATMENT</u>	<u>DISPOSAL</u>
Waste Pile p. 9	Tank p. 8	Landfill pp. 10-11
Surface Impoundment p. 8	Surface Impoundment pp. 8-9	Land Treatment pp. 9, 10
<u>Container p. 7</u>	Incineration pp. 12-13	Surface Impoundment p. 8
Tank, above ground p. 8	Thermal Treatment pp. 12-13	Other _____
Tank, below ground p. 8	Land Treatment pp. 9-10	
Other _____	Chemical, Physical p. 13 and Biological Treatment (other than in tanks, surface impoundment or land treatment facilities)	YES NO DON'T KNOW
	Other _____	

CONTAINERS (\$265.170)

1. Are there any leaking containers?
If "YES", explain.

To tal of 6 leakers and two over-flowing buckets

2. Are there any containers which appear in danger of leaking?
If "YES", explain.

open top lids will overflow during next rain storms

3. Do wastes appear compatible with container materials?

X — —

4. Are all containers closed except those in use?

— *X* —

5. Do containers appear to be opened, handled or stored in a manner which may rupture the containers or cause them to leak?

— *X* —

6. How often does the plant manager claim to inspect container storage areas?

—

7. Does it appear that incompatible wastes are being stored in close proximity to one another?
If "YES", explain.

— *X* —

8. Are containers holding ignitable or reactive wastes located at least 15 meters (50 feet) from the facility's property line?

X — —

9. What is the approximate number and size of containers with hazardous wastes?

Approx. (60) containers 55 gallon type steel drums

	<u>TANKS (\$265.190)</u>	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
1. Are there any leaking tanks? If "YES", explain.		—	—	—
2. Are there any tanks which appear in danger of leaking. If "YES", explain.		—	—	—
3. Are wastes or treatment reagents being placed in tanks which could cause them to rupture, leak, corrode or otherwise fail? If "YES", explain.		—	—	—
4. Do uncovered tanks have at least 2 feet of freeboard or an adequate containment structure?		—	—	—
5. Where hazardous waste is continuously fed into a tank, is the tank equipped with a means to stop this inflow?		—	—	—
6. Does it appear that incompatible wastes are being stored in close proximity to one another, or in the same tank? If "YES", explain.		—	—	—
7. How often does the plant manager claim to inspect container storage areas?		—	—	—
8. Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction? If "YES", explain.		—	—	—
9. What is the approximate number and size of tanks containing hazardous wastes?		—	—	—

SURFACE IMPOUNDMENTS (\$265.220)

1. Is there at least 2 feet of freeboard in the impoundment?	—	—	—
2. Do all earthen dikes have a protective cover to preserve their structural integrity? If "YES", specify type of covering.	—	—	—
3. Is there reason to believe that incompatible wastes are being placed in the same surface impoundment? If "YES", explain.	—	—	—

YESNODON'T
KNOW

4. Are ignitable or reactive wastes being placed in surface impoundments without being treated to remove these characteristics?
If "YES", explain.

— — —

5. Are there any leaks, failures or is there any deterioration in the impoundments?
If "YES", explain.

— — —

6. Give the approximate size of surface impoundments (gallons or cubic feet).

WASTE PILES (\$265.250)

1. Is the waste pile protected from wind erosion?
a. Does it appear to need such protection?
b. Explain what type of protection exists.
2. Does it appear that incompatible wastes are being stored in the same waste pile?
If "YES", explain.
3. Is leachate run-off from a pile a hazardous waste?
If "YES", explain this determination and answer (a) and (b) below.
a. Is the pile placed on an impermeable base that is compatible with the waste?
b. Is the pile protected from precipitation and run-on?
4. In your judgment, are ignitable or reactive wastes managed in such a way that they are protected from any material or conditions which may cause them to ignite?
Please explain or indicate if no such wastes are present.

— — —

— — —

— — —

— — —

— — —

— — —

— — —

Are they placed on an existing pile so that they no longer meet the definition of ignitable or reactive waste?
Please explain.

— — —

5. How many waste piles are on site, and approximately how large are they?

LAND TREATMENT (\$265.270)

1. Can the facility operator demonstrate that the hazardous waste has been made less or non-hazardous by biological degradation or chemical reactions occurring in or on the soil?
Please explain.

— — —

- | | | | |
|--|---|---|---|
| *2. Is run-on diverted away from the active portions of the land treatment facility? | — | — | — |
| *3. Is run-off collected? | — | — | — |
| 4. Are food chain crops being grown on the facility property? | — | — | — |
| a. If "YES", can the facility operator document that arsenic, lead and mercury: | | | |
| - will not be transferred to the crop or ingested by food chain animals or | — | — | — |
| - will not occur in greater concentrations in the crops grown on the land treatment facility than in the same crops grown on untreated soils. | — | — | — |
| b. Has notification of the growing of the food chain crops been made to the Regional Administrator? | — | — | — |
| 5. Is there a written and implemented plan for unsaturated zone monitoring? | — | — | — |
| 6. Are there records of the application dates, application rates, quantities and location of each hazardous waste placed in the facility? | — | — | — |
| 7. Do the closure and post-closure plans address: | | | |
| a. control of migration of hazardous wastes into the groundwater? | — | — | — |
| b. control of run-off, release of airborne particulate contaminants? | — | — | — |
| c. compliance with requirements for the growth of food-chain crops (if they are present)? | — | — | — |
| 8. Is ignitable or reactive waste immediately incorporated into the soil so the resulting waste no longer meets that definition?
If "YES", explain. | — | — | — |
| 9. Are incompatible wastes placed in the same land treatment area?
If "YES", explain. | — | — | — |
| 10. What is the area of the land receiving hazardous waste treatment? | — | — | — |

LANDFILLS (\$265.300)

- | | | | |
|--|---|---|---|
| *11. Is run-on diverted away from the active portions of the landfill? | — | — | — |
| *12. Is run-off from active portions of the landfill collected? | — | — | — |

* Effective date for these requirements is May 19, 1981.

† These requirements are effective November 19, 1981.

3. Is waste which is subject to wind dispersal controlled?
Explain. ____ ____ ____

4. Does the owner/operator maintain a map with:
 - the exact location and dimensions of each cell ____ ____ ____
 - the contents of each cell and approximate location of each hazardous waste type ____ ____ ____

5. Do the closure and post-closure plans address:
 - control of pollutant migration via ground water? ____ ____ ____
 - control of surface water infiltration? ____ ____ ____
 - prevention of erosion? ____ ____ ____

6. Is ignitable or reactive waste treated before being placed in the landfill?
Explain how you know. ____ ____ ____

7. Are precautions taken to insure that incompatible wastes are not placed in the same landfill cell?
If "NO", explain. ____ ____ ____

8. Are bulk or non-containerized wastes containing free liquids placed in the landfill?
If "YES",
 - a. Does the landfill have a liner which is chemically and physically resistant to the added liquid? ____ ____ ____
 - b. Is the waste treated and stabilized so that free liquids are no longer present? ____ ____ ____

- *9. Are containers holding liquid waste or waste containing free liquids placed in the landfill? ____ ____ ____

10. Are empty containers (e.g. those containing less than 1/2 inch of liquid) placed in the landfills? ____ ____ ____
 If so, are they crushed flat, shredded or similarly reduced in volume before they are buried? ____ ____ ____

11. What is the approximate area of the hazardous waste landfill?

a. If "YES", what is being burned?
(only burning or detonation
of explosives is permitted)

b. If open burning or detonation of explosives is taking
place, approximately what is the distance from the open
burning or detonation to the property of others?

YES NO DON'T
KNOW

6. Does the incinerator appear to be operating
properly? (Do emergency shutdown controls
and system alarms seem to be in good working
order?) Please explain.

— — —

a. Is there any evidence of fugitive emissions?

— — —

7. Is the residue from the incinerator treated
by the owner as a hazardous waste?
Please explain.

— — —

8. What types of air pollution control devices (if any)
are installed on the incinerator?

CHEMICAL, PHYSICAL AND BIOLOGICAL TREATMENT (\$265.400)

1. Does the treatment process system show any
signs of ruptures, leaks, or corrosion?
Please explain.

— — —

2. Is there a means to stop the inflow of
continuously-fed hazardous wastes?

— — —

3. Is there ignitable or reactive waste fed
into the treatment system?

— — —

If "YES", has it been treated or protected
from any material or conditions which may
cause it to ignite or react? If so,
explain how.

— — —

Are the incompatible wastes placed in
the same treatment process?
If "YES", explain.

— — —

5. Describe the treatment system at this facility.

RCRA TREATMENT, STORAGE AND DISPOSAL FACILITY INSPECTION FORM
FOR TSD FACILITIES ONLY

Follow-up from
Feb/4/82

COMPANY NAME: Bates MFG Co. EPA I.D. Number: NJD002167799

COMPANY ADDRESS: NewBUR Rd.

COMPANY CONTACT OR OFFICIAL: HACKETTS TOWN NJ

OTHER ENVIRONMENTAL PERMITS HELD

Nick Lutia

BY FACILITY: ☐ NPDES

TITLE:

☒ AIR

Plant Manager

☐ OTHER

INSPECTOR'S NAME:

DATE OF INSPECTION:

Mike Malhorne

4/16/82

BRANCH/ORGANIZATION:

TIME OF DAY INSPECTION TOOK PLACE: 10:00 am

(1) Is there reason to believe that the facility has hazardous waste on site?

a. If yes, what leads you to believe it is hazardous waste?
Check appropriate box:

☒ Company admits that its waste is hazardous during the inspection.

☐ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

	YES	NO	DON'T KNOW
b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?	___	<u>X</u>	___

Please explain:

c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

see attached sheet

(2) Does the facility generate hazardous waste? X ___

(3) Does the facility transport hazardous waste? ___ X ___

(4) Does the facility treat, store or dispose of hazardous waste? X ___

VISUAL OBSERVATIONS

- (5) SITE SECURITY (§265.14)
- | | YES | NO | DON'T
KNOW |
|--|----------|----|---|
| a. Is there a 24-hour surveillance system? | <u>X</u> | — | — |
| b. Is there a suitable barrier which completely surrounds the active portion of the facility? | | | <u>no barrier surrounding waste drums</u> |
| c. Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility? | <u>X</u> | — | — |
- (6) Are there ignitable, reactive or incompatible wastes on site? (§265.27)
- | | YES | NO | DON'T
KNOW |
|---|----------|----|--|
| a. If "YES", what are the approximate quantities? | | | <u>6 drums 55 gallon containers</u> |
| b. If "YES", have precautions been taken to prevent accidental ignition or reaction of ignitable or reactive waste? | <u>X</u> | — | — |
| c. If "YES", explain | | | <u>away from processing areas. and on shaded side of building.</u> |
| d. In your opinion, are proper precautions taken so that these wastes do not: | | | |
| - generate extreme heat or pressure, fire or explosion, or violent reaction? | <u>X</u> | — | — |
| - produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health? | <u>X</u> | — | — |
| - produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosions? | <u>X</u> | — | — |
| - damage the structural integrity of the device or facility containing the waste? | <u>X</u> | — | — |
| - threaten human health or the environment? | <u>X</u> | — | — |

Please explain your answers, and comment if necessary.

- e. Are there any additional precautions which you would recommend to improve hazardous waste handling procedures at the facility?

- (7) Does the facility comply with preparedness and prevention requirements including maintaining: (§265.32)

YES NO DON'T
KNOW

- an internal communications or alarm system? X — —
- a telephone or other device to summon emergency assistance from local authorities? X — —
- portable fire equipment? X — —
- adequate aisle space? X — —
- in your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. X — —

of wastes all Since there are four categories of the above should be required

In your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain.

- * (8) Have you inspected to verify that the groundwater monitoring wells (if any) mentioned in the facility's groundwater monitoring plan (see no. 19 below) are properly installed? — — —

If you have, please comment, as appropriate. — — —

- (9) a. Is there any reason to believe that groundwater contamination already exists from this facility? If "YES", explain. — — —

- b. Do you believe that operation of this facility may affect groundwater quality? — — —

- c. If "YES", explain. — — —

RECORDS INSPECTION

- (10) Has the facility received hazardous waste from an off-site source since Nov. 19, 1980 (effective date of the regulations)? — X —

- a. If "YES", does it appear that the facility has a copy of a manifest for each hazardous waste load received? — — —

- b. How many post-November 19 manifests does it have? (If the number is large, you may estimate) — — —

- c. Does each manifest (or a representative sample) have the following information? — — —

- a manifest document number — — —

YES NO DON'T
KNOW

- the generator's name, mailing address, telephone number, and EPA identification number
 - the name, and EPA identification number of each transporter
 - the name, address and EPA identification number of the designated facility and an alternate facility, if any;
 - a DOT description of the wastes
 - the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle
 - a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA
- d. Are there any indications that unmanifested hazardous wastes have been received since November 19, 1980? If YES, explain.

(11) Does the facility have a written waste analysis plan specifying test methods, sampling methods and sampling frequency? (§265.13)

- a. Does the character of wastes handled at the facility change from day to day, week to week, etc., thus requiring frequent testing?
(You may check more than one)
Waste characteristics vary _____
All wastes are basically the same X
Company treats all waste as hazardous _____
Don't Know _____

- b. Does hazardous waste come to this facility from off-site sources?
- c. If waste comes from an off-site source, are there procedures in the plan to insure that wastes received conform to the accompanying manifest?

(12) INSPECTIONS (§265.15)

- a. Does the facility have a written inspection schedule?
- b. Does the schedule identify the types of problems to be looked for and the frequency for inspections?
- c. Does the owner/operator record inspections in a log?
- d. Is there evidence that problems reported in the inspection log have not been remedied? If "YES," please explain.

X
awaiting analysis
from disposal firm
Advanced Environmental
Technology Corp.
→ will have it by
April/30th/82

X

N/A

X

X

X

X

(13) PERSONNEL TRAINING (§265.16)

a. Is there written documentation of the following:

- job title for each position at the facility related to hazardous waste management and the name of the employee filling each job? X
- type and amount of training to be given to personnel in jobs related to hazardous waste management? X
- actual training or experience received by personnel? X

(14) Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosion or any unplanned release of hazardous waste?
(§265.51)

- a. Does the plan describe arrangements made with local authorities? X
- b. Has the contingency plan been submitted to local authorities? X

How do you know?

- c. Does the plan list names, addresses, and phone numbers of Emergency Coordinators? X
- d. Does the plan have a list of what emergency equipment is available? X
- e. Is there a provision for evacuating facility personnel? X
- f. Was an Emergency Coordinator present or on call at the time of the inspection? X

(15) Does the owner/operator keep a written operating record with: (§265.73)

- a description of wastes received with methods and dates of treatment, storage or disposal?
- location and quantity of each waste?
- detailed records and results of waste analysis and treatability tests performed on wastes coming into the facility?
- detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan?

*(16) Does the facility have written closure and post-closure plans? (§265.110)

a. Does the written closure plan include:

- a description of how and when the facility will be partially (if applicable) and ultimately closed? X

- | | | | |
|--|---|-----|---|
| - an estimate of the maximum inventory of wastes in storage or treatment at any time during the life of the facility? | — | X | — |
| - a description of the steps necessary to decontaminate facility equipment during closure? | — | X | — |
| - a schedule for final closure including the anticipated date when wastes will no longer be received and when final closure will be completed? | — | X | — |
| b. What is the anticipated date for final closure? | — | X | — |
| †c. Does the owner/operator have a written post-closure plan identifying the activities which will be carried on after closure and the frequency of these activities? | — | N/A | — |
| d. Does the written post-closure plan include: | | | |
| - a description of planned groundwater monitoring activities and their frequencies during post-closure? | — | N/A | — |
| - a description of planned maintenance activities and frequencies to ensure integrity of final cover during post-closure? | — | N/A | — |
| - the name, address and phone number of a person or office to contact during post-closure? | — | N/A | — |
| *(17) Does the owner/operator have a written estimate of the cost of closing the facility? (§265.142) What is it? | — | X | — |
| *(18) Does the owner/operator have a written estimate of the cost for post-closure monitoring and maintenance? What is it? (§265.144) | — | — | — |
| *(19) Has a groundwater monitoring plan been submitted to the Regional Administrator for facilities containing a surface impoundment, landfill or land treatment process? (This requirement does not apply to recycling facilities.) (§265.90) | — | — | — |
| a. Does the plan indicate that at least one monitoring well has been installed hydraulically upgradient from the limit of the waste management area? | — | — | — |
| b. Does the plan indicate that there are at least three monitoring wells installed hydraulically downgradient at the limit of the waste management area? | — | — | — |

† This section applies only to disposal facilities.

* Effective date for this requirement is May 19, 1981.

SITE-SPECIFIC

Please circle all appropriate activities and answer questions on indicated pages for all activities circled. When you submit your report, include only those site-specific pages that you have used.

<u>STORAGE</u>	<u>TREATMENT</u>	<u>DISPOSAL</u>
Waste Pile p. 9	Tank p. 8	Landfill pp. 10-11
Surface Impoundment p. 8	Surface Impoundment pp. 8-9	Land Treatment pp. 9, 10
<u>Container p. 7</u>	Incineration pp. 12-13	Surface Impoundment p. 8
Tank, above ground p. 8	Thermal Treatment pp. 12-13	Other _____
Tank, below ground p. 8	Land Treatment pp. 9-10	
Other _____	Chemical, Physical p. 13 and Biological Treatment (other than in tanks, surface impoundment or land treatment facilities)	YES NO DON'T KNOW
	Other _____	

CONTAINERS (\$265.170)

- Are there any leaking containers?
If "YES", explain. X
- Are there any containers which appear in danger of leaking?
If "YES", explain. X
- Do wastes appear compatible with container materials? X
- Are all containers closed except those in use? X
- Do containers appear to be opened, handled or stored in a manner which may rupture the containers or cause them to leak? X
- How often does the plant manager claim to inspect container storage areas?
once a week
- Does it appear that incompatible wastes are being stored in close proximity to one another?
If "YES", explain. X
- Are containers holding ignitable or reactive wastes located at least 15 meters (50 feet) from the facility's property line? X
- What is the approximate number and size of containers with hazardous wastes?

A Total of 95 drums (55 gallon and 130 gallon size) on site

<u>TANKS</u> (\$265.190)	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
1. Are there any leaking tanks? If "YES", explain.	—	—	—
2. Are there any tanks which appear in danger of leaking. If "YES", explain.	—	—	—
3. Are wastes or treatment reagents being placed in tanks which could cause them to rupture, leak, corrode or otherwise fail? If "YES", explain.	—	—	—
4. Do uncovered tanks have at least 2 feet of freeboard or an adequate containment structure?	—	—	—
5. Where hazardous waste is continuously fed into a tank, is the tank equipped with a means to stop this inflow?	—	—	—
6. Does it appear that incompatible wastes are being stored in close proximity to one another, or in the same tank? If "YES", explain.	—	—	—
7. How often does the plant manager claim to inspect container storage areas?	—	—	—
8. Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction? If "YES", explain.	—	—	—
9. What is the approximate number and size of tanks containing hazardous wastes?	—	—	—

<u>SURFACE IMPOUNDMENTS</u> (\$265.220)	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
1. Is there at least 2 feet of freeboard in the impoundment?	—	—	—
2. Do all earthen dikes have a protective cover to preserve their structural integrity? If "YES", specify type of covering.	—	—	—
3. Is there reason to believe that incompatible wastes are being placed in the same surface impoundment? If "YES", explain.	—	—	—

4. Are ignitable or reactive wastes being placed in surface impoundments without being treated to remove these characteristics?
If "YES", explain.

5. Are there any leaks, failures or is there any deterioration in the impoundments?
If "YES", explain.

6. Give the approximate size of surface impoundments (gallons or cubic feet).

WASTE PILES (\$265.250)

1. Is the waste pile protected from wind erosion?

a. Does it appear to need such protection?

b. Explain what type of protection exists.

2. Does it appear that incompatible wastes are being stored in the same waste pile?
If "YES", explain.

3. Is leachate run-off from a pile a hazardous waste?
If "YES", explain this determination and answer (a) and (b) below.

a. Is the pile placed on an impermeable base that is compatible with the waste?

b. Is the pile protected from precipitation and run-on?

4. In your judgment, are ignitable or reactive wastes managed in such a way that they are protected from any material or conditions which may cause them to ignite?
Please explain or indicate if no such wastes are present.

Are they placed on an existing pile so that they no longer meet the definition of ignitable or reactive waste?
Please explain.

5. How many waste piles are on site, and approximately how large are they?

LAND TREATMENT (\$265.270)

1. Can the facility operator demonstrate that the hazardous waste has been made less or non-hazardous by biological degradation or chemical reactions occurring in or on the soil?
Please explain.

- | | | | |
|---|-----|-----|-----|
| *2. Is run-on diverted away from the active portions of the land treatment facility? | ___ | ___ | ___ |
| *3. Is run-off collected? | ___ | ___ | ___ |
| 4. Are food chain crops being grown on the facility property? | ___ | ___ | ___ |
| a. If "YES", can the facility operator document that arsenic, lead and mercury: | | | |
| - will not be transferred to the crop or ingested by food chain animals or | ___ | ___ | ___ |
| - will not occur in greater concentrations in the crops grown on the land treatment facility than in the same crops grown on untreated soils. | ___ | ___ | ___ |
| b. Has notification of the growing of the food chain crops been made to the Regional Administrator? | ___ | ___ | ___ |
| 5. Is there a written and implemented plan for unsaturated zone monitoring? | ___ | ___ | ___ |
| 6. Are there records of the application dates, application rates, quantities and location of each hazardous waste placed in the facility? | ___ | ___ | ___ |
| 7. Do the closure and post-closure plans address: | | | |
| a. control of migration of hazardous wastes into the groundwater? | ___ | ___ | ___ |
| b. control of run-off, release of airborne particulate contaminants? | ___ | ___ | ___ |
| c. compliance with requirements for the growth of food-chain crops (if they are present)? | ___ | ___ | ___ |
| 8. Is ignitable or reactive waste immediately incorporated into the soil so the resulting waste no longer meets that definition? If "YES", explain. | ___ | ___ | ___ |
| 9. Are incompatible wastes placed in the same land treatment area? If "YES", explain. | ___ | ___ | ___ |
| 10. What is the area of the land receiving hazardous waste treatment? | ___ | ___ | ___ |

LANDFILLS (\$265.300)

- | | | | |
|---|-----|-----|-----|
| †1. Is run-on diverted away from the active portions of the landfill? | ___ | ___ | ___ |
| †2. Is run-off from active portions of the landfill collected? | ___ | ___ | ___ |

* Effective date for these requirements is May 19, 1981.

† These requirements are effective November 19, 1981.

3. Is waste which is subject to wind dispersal controlled?
Explain.

_____	_____	_____
-------	-------	-------
4. Does the owner/operator maintain a map with:
 - the exact location and dimensions of each cell

_____	_____	_____
-------	-------	-------
 - the contents of each cell and approximate location of each hazardous waste type

_____	_____	_____
-------	-------	-------
5. Do the closure and post-closure plans address:
 - control of pollutant migration via ground water?

_____	_____	_____
-------	-------	-------
 - control of surface water infiltration?

_____	_____	_____
-------	-------	-------
 - prevention of erosion?

_____	_____	_____
-------	-------	-------
6. Is ignitable or reactive waste treated before being placed in the landfill?
Explain how you know.

_____	_____	_____
-------	-------	-------
7. Are precautions taken to insure that incompatible wastes are not placed in the same landfill cell?
If "NO", explain.

_____	_____	_____
-------	-------	-------
8. Are bulk or non-containerized wastes containing free liquids placed in the landfill?
If "YES",
 - a. Does the landfill have a liner which is chemically and physically resistant to the added liquid?

_____	_____	_____
-------	-------	-------
 - b. Is the waste treated and stabilized so that free liquids are no longer present?

_____	_____	_____
-------	-------	-------
- *9. Are containers holding liquid waste or waste containing free liquids placed in the landfill?

_____	_____	_____
-------	-------	-------
10. Are empty containers (e.g. those containing less than 1/2 inch of liquid) placed in the landfills?

_____	_____	_____
-------	-------	-------

If so, are they crushed flat, shredded or similarly reduced in volume before they are buried?

_____	_____	_____
-------	-------	-------
11. What is the approximate area of the hazardous waste landfill?

INCINERATORS AND THERMAL TREATMENT
(§§265.340 and 265.379)

- | | <u>YES</u> | <u>NO</u> | <u>DON'T
KNOW</u> |
|---|------------|-----------|-----------------------|
| 1. What type of incinerator or thermal treatment is at the site (e.g. waterwall incinerator, boiler, fluidized bed, etc.)? | | | |
| 2. Was hazardous waste being incinerated or thermally treated during your inspection?
If "YES", answer all following questions.
If "NO", answer only questions 3 and 7. | — | — | — |
| 3. Has waste analysis been performed (and written records kept) to include: | | | |
| - heating value of the waste | — | — | — |
| - halogen content | — | — | — |
| - sulfur content | — | — | — |
| - concentration of lead | — | — | — |
| - concentration of mercury | — | — | — |

NOTE: Waste analysis need not be performed on each waste load if if there are documented data available to show waste characteristics that do not vary. If there are such documented data available, check here ☐.

- | | | | |
|---|---|---|---|
| 4. Does it appear that the owner/operator brings his thermal treatment process to steady state (normal) conditions of operation before introducing hazardous wastes? | — | — | — |
| 5. Did it appear during your inspection that there was adequate monitoring and inspection by owner/operator every 15 minutes during hazardous waste incineration for: | | | |
| - waste feed | — | — | — |
| - auxiliary fuel feed | — | — | — |
| - air flow | — | — | — |
| - incinerator temperature | — | — | — |
| - scrubber flow | — | — | — |
| - scrubber pH | — | — | — |
| - relevant level controls | — | — | — |

Every hour for:

- | | | | |
|--|---|---|---|
| - stack plume (color and opacity) | — | — | — |
| 5. Is there open burning of hazardous waste? | — | — | — |

RCRA TREATMENT, STORAGE AND DISPOSAL FACILITY INSPECTION FORM
FOR TSD FACILITIES ONLY

COMPANY NAME: Bates Manufacturing Co. EPA I.D. Number: NJ D002167799
COMPANY ADDRESS: Newburg Rd
Hackettstown NJ
COMPANY CONTACT OR OFFICIAL: _____ OTHER ENVIRONMENTAL PERMITS HELD _____

BY FACILITY: ☐ NPDES

TITLE: _____

☐ AIR

☐ OTHER

INSPECTOR'S NAME: Mike Valbone DATE OF INSPECTION: 2/4/82

BRANCH/ORGANIZATION: NJ DEP TIME OF DAY INSPECTION TOOK PLACE: 1:30 p.m.
Solid Waste Admin

(1) Is there reason to believe that the facility has hazardous waste on site?

a. If yes, what leads you to believe it is hazardous waste?
Check appropriate box:

☐ Company admits that its waste is hazardous during the inspection.

☐ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

YES NO DON'T
KNOW

b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

YES NO DON'T
KNOW

Please explain:

c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

(2) Does the facility generate hazardous waste? X — —

(3) Does the facility transport hazardous waste? — X —

(4) Does the facility treat, store or dispose of hazardous waste? X — —

- a. If "YES", what is being burned?
(only burning or detonation
of explosives is permitted)
- b. If open burning or detonation of explosives is taking
place, approximately what is the distance from the open
burning or detonation to the property of others?

YES NO DON'T
KNOW

6. Does the incinerator appear to be operating
properly? (Do emergency shutdown controls
and system alarms seem to be in good working
order?) Please explain.

- a. Is there any evidence of fugitive emissions?

7. Is the residue from the incinerator treated
by the owner as a hazardous waste?
Please explain.

8. What types of air pollution control devices (if any)
are installed on the incinerator?

CHEMICAL, PHYSICAL AND BIOLOGICAL TREATMENT (\$265.400)

1. Does the treatment process system show any
signs of ruptures, leaks, or corrosion?
Please explain.

2. Is there a means to stop the inflow of
continuously-fed hazardous wastes?

3. Is there ignitable or reactive waste fed
into the treatment system?

If "YES", has it been treated or protected
from any material or conditions which may
cause it to ignite or react? If so,
explain how.

Are the incompatible wastes placed in
the same treatment process?
If "YES", explain.

5. Describe the treatment system at this facility.

RCRA GENERATOR INSPECTION FORM

COMPANY NAME: *BATES Manufacturing Co*
New burg Rd

EPA I.D. NUMBER: *NJD002167799*

COMPANY ADDRESS: *Hackettstown NJ*

COMPANY CONTACT OR OFFICIAL:

INSPECTOR'S NAME: *Mike Naibone*

TITLE:

BRANCH/ORGANIZATION: *NJDEP
Solid Waste Admin.*

CHECK IF FACILITY IS ALSO A TSD FACILITY *SAVES IT* ☒

DATE OF INSPECTION: *2/4/82*

YES NO DON'T KNOW

(1) Is there reason to believe that the facility has hazardous waste on site? *X*

a. If yes, what leads you to believe it is hazardous waste?
Check appropriate box:

☒ Company admits that its waste is hazardous during the inspection.

☐ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

PERMIT REQUIRED
25 9 24 AM '82
ENVIRONMENTAL PROTECTION
AGENCY
NEW JERSEY
0807

YES ☐ NO ☐ DON'T KNOW ☐

b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

Please explain:

c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

WASTE SOLVENTS - These were noted outside in a waste storage area

d. Describe the activities that result in the generation of hazardous waste.

(2) Is hazardous waste stored on site?

X ☐ ☐

a. What is the longest period that it has been accumulated?

state DEP

b. Is the date when drums were placed in storage marked on each drum?

X ☐ ☐

a. If "Yes," approximately how many shipments were made?

(3) Has hazardous waste been shipped from this facility since November 19, 1980? could not review manifests. X ☐ ☐

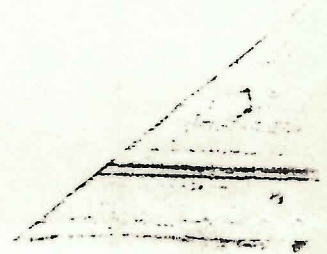
(4) Approximately how many hazardous waste shipments off site have been made since November 19, 1980?

a. Does it appear from the available information that there is a manifest copy available for each hazardous waste shipment that has been made?

X ☐ ☐

b. If "no" or "don't know," please elaborate.

At the time of my inspection since no one was available who knew about the manifests, I could not see them for review (inspection)



YES
NO
DON'T
KNOW

c. Does each manifest (or a representative sample) have the following information?

- a manifest document number
- the generator's name, mailing address, telephone number, and EPA identification number
- the name, and EPA identification number of each transporter
- the name, address and EPA identification number of the designated facility and an alternate facility, if any:
- a description of the wastes (DOT)
- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle
- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA

(5) Were there any hazardous wastes stored on site at the time of the inspection?

- a. If "yes," do they appear properly packaged (if in containers) or, if in tanks, are the tanks secured?

b. If not properly packaged or in secure tanks, please explain.

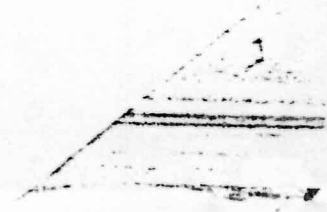
I noted leakage from various drums and I also noted dark black stains on the ground indicating previous spillage

- c. Are containers clearly marked and labelled?
- d. Do any containers appear to be leaking?

e. If "yes," approximately how many?

two bucket containers
three in waste storage area
three more in area along side of bldg. [see photo's]

were over flowing.



yes no
Don't know

(6) Has the generator submitted an annual report to EPA covering the previous calendar year?

No. report to state DEP as of April 8th 82

a. How do you know?

Violation of 7:26-7.4(g) 1

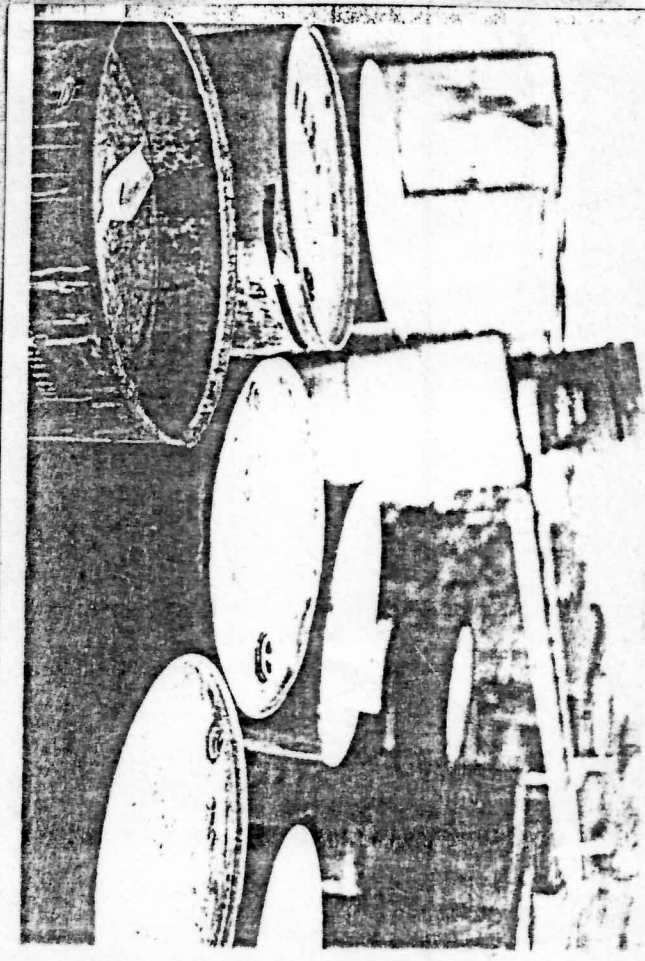
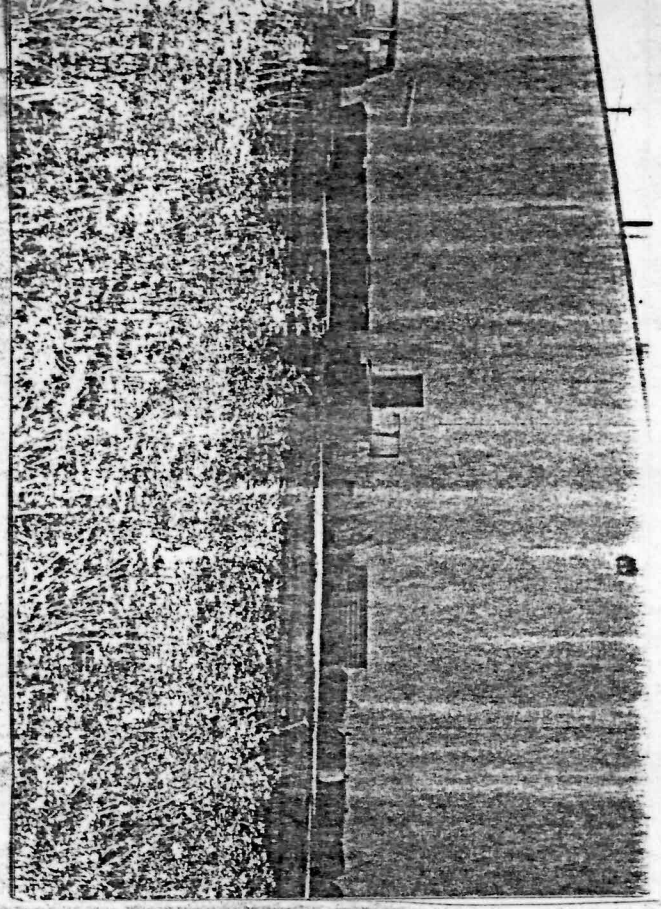
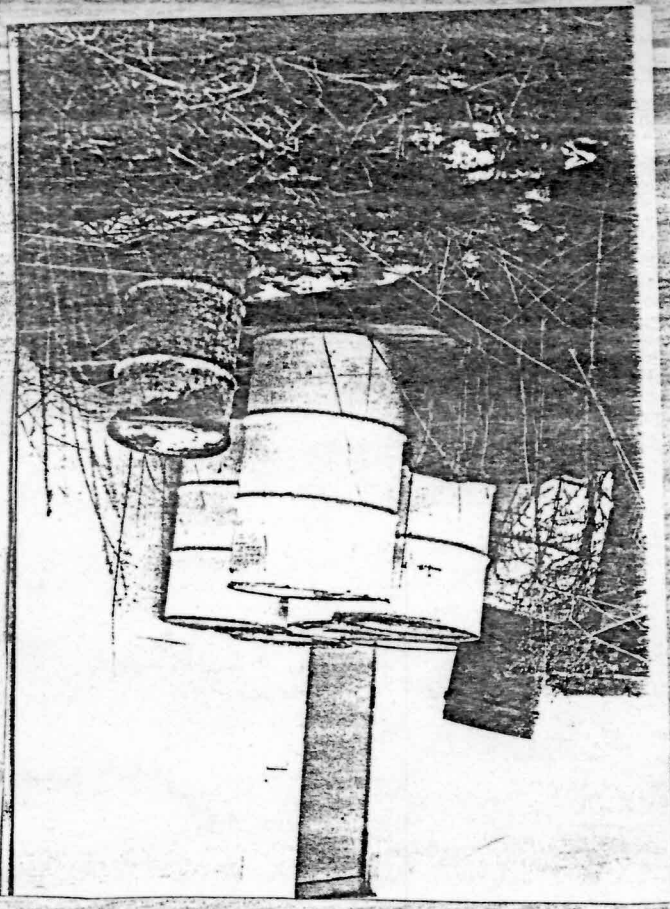
(7) Has the generator received signed copies (from the TSD facility) of all manifests for wastes shipped off site more than 35 days ago?

a. If "no," have Exception Reports been submitted to EPA covering these shipments?

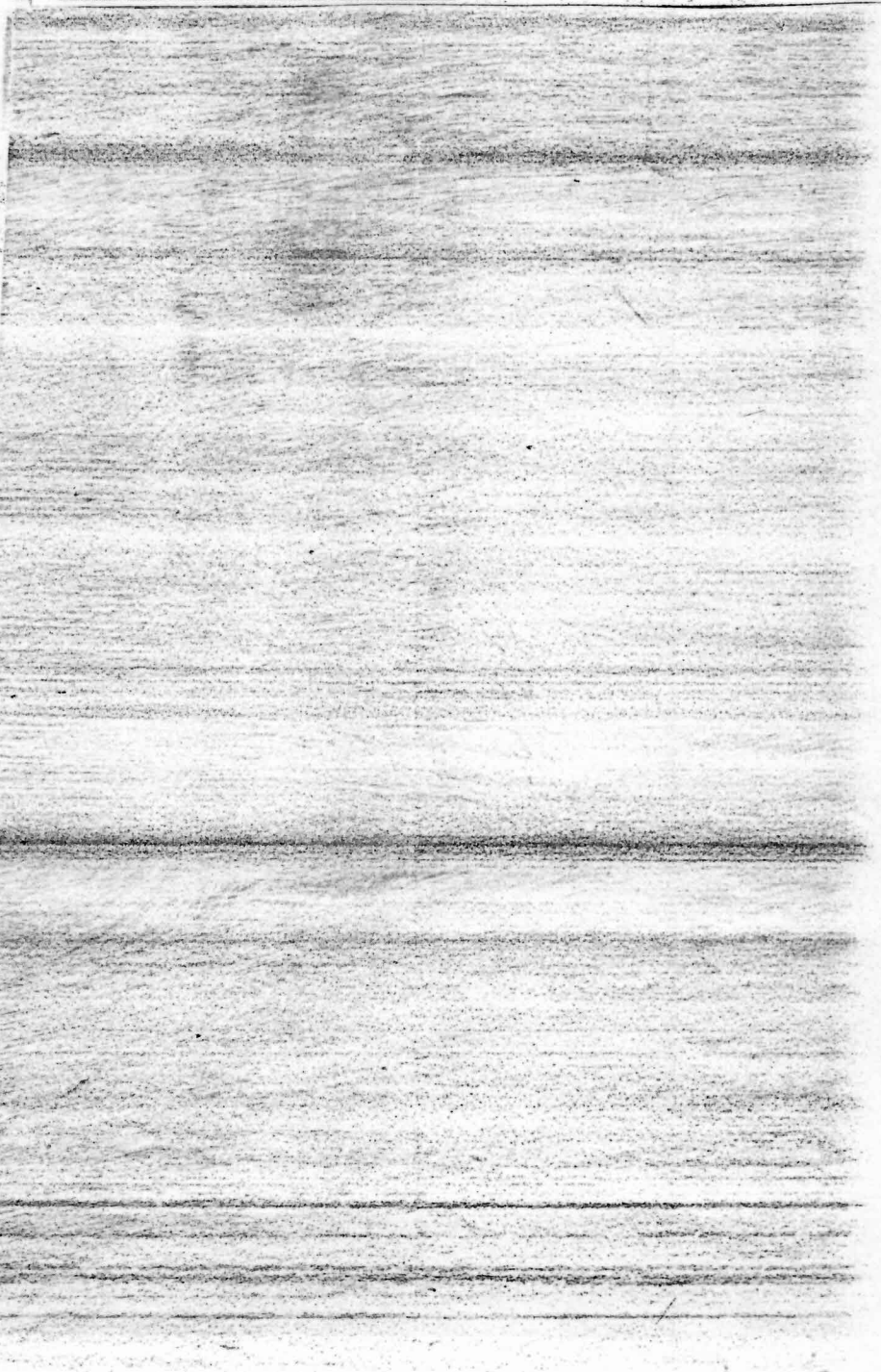
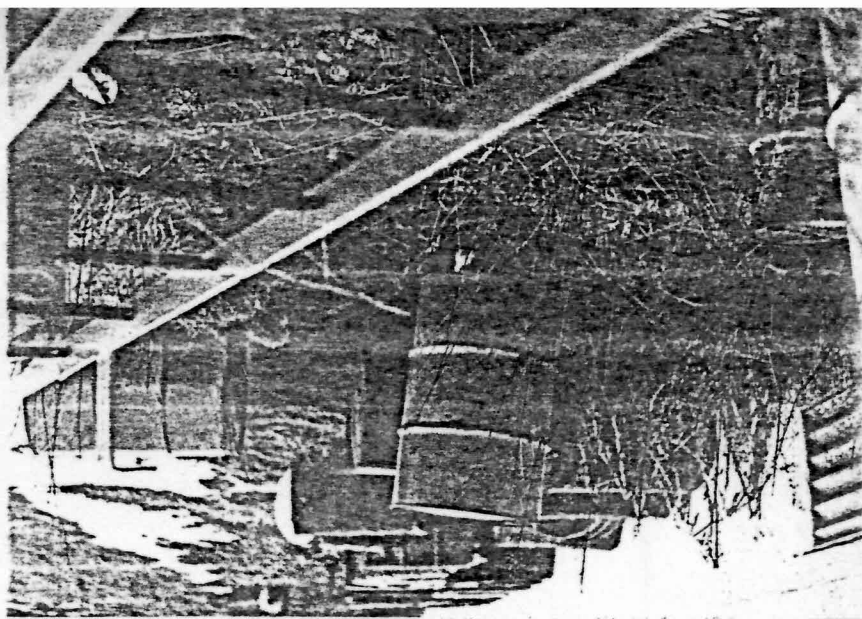
(8) General comments.

Upon arrival I was informed the Environmental Coordinator was not available and since no one knew of his record keeping I could not review the paperwork requirements or manifests. I was informed I could go outside escorted by the foreman and observe the storage area. I did observe approximately 30 drums which were to be disposed of as hazardous waste. I then observed approximately 30 more drums on the side of the bldg. poorly managed and three were leaking. (two bucket containers were over flowing also) (samples MN 074 thru MN 077) The analysis of these leaking containers are attached. A review of the analysis was made and a decision of non hazardous materials

was indicated. These drums should be managed more efficiently than they are at the present time. The effective date for this requirement is March 1, 1982.

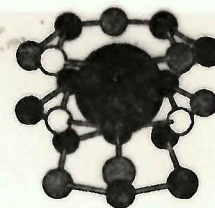


Bates
Manufacturing Co
2 N 5 D 0 0 2 1 6 7 7 9 9



Stablex-Reutter Inc.

Ninth and Cooper Streets • P. O. Box 499
Camden, New Jersey 08101
Telephone: (609) 541-6700 TWX: 834477



February 24, 1982

NJDEP
Solid Waste Division
32 E. Hanover Street
Trenton, NJ 08625

Attention: Mr. Wayne Howitz, Hazardous Waste Bureau

Reference: Test Report No. SR6515

This report covers the analysis of three (3) solid samples and one (1) liquid sample submitted to Stablex-Reutter, Inc. (S-R) on February 11, 1982. The sample was submitted for the following analyses:

- . Organics
 - Volatile Halogenated Hydrocarbons
 - Oil and Grease
- . Inorganics
 - Metals (EP Extraction)
- . Physical
 - Flashpoint

This test report is organized in the following manner:

- . Sample Preparation
- . Analysis
- . Analytical Results

I. Sample Preparation

Organic Preparatory Work

A known weight (1.00 grams \pm 0.05 grams) of homogenized sample is quantitatively transferred to a centrifuge tube and shaken vigorously with 10 ml of pesticide grade methanol for five minutes. The mixture is allowed to separate, and is then centrifuged to facilitate separation of the two phases. An aliquot of the methanol layer is then analyzed by Gas Chromatography for volatile halogenated organics. Any required dilutions are done with pesticide grade methanol.

Oil and Grease

The Oil and Grease determination was performed by partition-gravimetric procedures in accordance with the following publication.

- . EPA - Test Methods for Evaluating Solid Wastes - Physical/Chemical Methods-SW846-1980.

Stablex-Reutter Inc.

NJDEP
Solid Waste Division
Test Report No. SR6515
February 24, 1982
Page 2 of 4

Inorganic Analysis

The EP extraction procedure was performed in accordance with the following publication:

- . Federal Register, May 19, 1980 edition, EP extraction procedure.

II. Analysis

Following preparation, the samples were analyzed as described in the following publications:

- . Method 601 Federal Register, Vol. 44, No. 233, December 3, 1979. (Columns and GC conditions for volatile halogenated organics).
- . EPA - Test Methods for Evaluating Solid Waste - Physical/Chemical Methods - SW846-1980 (AAS conditions).
- . ASTM Method D-56 Standard Method of Test for Flash Point by Tag Closed Tester.

The volatile halogenated organics were analyzed on the Hall Electrolytic Conductivity Detector.

III. Analytical Results

The parameters analyzed and results are delineated in the following tables. The interlaboratory variability of the parameters analyzed in the type of sample matrix submitted has not been established by EPA, and could be as high as $\pm 20\%$. S-R is currently evaluating the variability of all tests performed for NJDEP in different types of matrices.

Stablex-Reutter Inc.

NJDEP

Solid Waste Division

Test Report No. SR6515

February 24, 1982

Page 3 of 4

Volatile Halogenated Hydrocarbon Screen

Constituent	Sample and Designation				SR6515-2 + Spike	
	Bates SR6515-1 MN074	BATES SR6515-2 MN075	BATES SR6515-3 MN076	BATES SR6515-4 MN077	Amount of Spike	% Recovery
Vinyl Chloride	<1	<1	<1	<1	---	---
Methylene Chloride	<1	<1	<1	<1	---	---
Chloroform	<1	<1	<1	<1	---	---
Carbon Tetrachloride	<1	<1	<1	<1	190	70
Bromodichloromethane	<1	<1	<1	<1	---	---
Dibromochloromethane	<1	<1	<1	<1	---	---
1,1,1 Trichloroethane	<1	<1	<1	<1	240	140
1,1,2 Trichloroethane	<1	<1	<1	<1	175	80
Trichloroethylene	<1	<1	<1	<1	---	---
Tetrachloroethylene	<1	<1	<1	<1	---	---
1,2 Dichloroethane	<1	<1	<1	<1	200	100
1,1 Dichloroethylene	<1	<1	<1	<1	160	100
1,1 Dichloroethane	<1	<1	<1	<1	---	---
1,2 Dichloropropane	<1	<1	<1	<1	---	---
2-Chloroethylvinyl Ether	<1	<1	<1	<1	150	140
Bromoform	<1	<1	<1	<1	---	---
1,1,2,2-Tetrachloroethane	<1	<1	<1	<1	---	---
Chlorobenzene	<1	<1	<1	<1	---	---

All results are in micrograms of constituent per gram of sample.

EPA-EP Extraction

Metal Analysis

Constituent	Sample and Designation			
	SR6515-2 MN075	SR6515-2 Dup. MN075 Dup.	Amount of Spike	% Recovery
Arsenic	0.17	0.15	---	---
Barium	<0.1	<0.1	0.2	100
Cadmium	0.13	0.13	---	---
Chromium	<0.05	<0.05	0.2	102
Lead	<0.05	<0.05	0.2	102
Mercury	<0.002	<0.002	0.1	120
Selenium	<0.002	<0.002	0.13	90
Silver	<0.1	<0.1	---	130
Nickel	0.21	0.26	---	---

The above results are reported in milligrams of constituent per liter EP extract
 * Spike made to EP extract.

Stablex-Reutter Inc.

NJDEP

Solid Waste Division

Test Report No. SR6515

February 24, 1982

Page 4 of 4

Miscellaneous Analysis

<u>Parameter</u>	<u>Sample and Designation</u>			
	<u>SR6515-1</u> <u>MN074</u>	<u>SR6515-2</u> <u>MN075</u>	<u>SR6515-3</u> <u>MN076</u>	<u>SR6515-4</u> <u>MN077</u>
Oil and Grease, %	5.7	1.2	12	3.4
Flash Point °F closed cup	>180	>180	>180	>180

If you have any questions concerning the above analysis, please don't hesitate to contact me.

Respectfully submitted,

STABLEX-REUTTER, INC.



William J. Ziegler
Laboratory Manager

WJZ/eig

CHAIN OF CUSTODY RECORD

New Jersey Department of Environmental Protection
Bureau of Hazardous Waste
32 East Hanover Street
Trenton, New Jersey 08625

Name of Unit and Address:

Sample Number	Number of Containers	Description of Samples
MN073	1	A one Quart Jar containing a brown liquid with a solvent odor
MN074	1	A one Quart Jar containing a clear liquid with a 1/2" oil layer on top
MN075	1	A one Quart Jar containing a solid black greyish white granular material
MN076	1	A one Quart Jar containing a solid black soil type of material
MN077	1	A one Quart Jar containing a sludge material consisting of a layer 1/2 white liquid and 1/2 black sludge on bottom
FINAL Item		

Person Assuming Responsibility for Sample:

Mike Nalbore

Time
2:30

Date
2/4/82

Sample Number	Relinquished By:	Received By:	Time	Date	Reason for Change of Custody
MN073 MN074 MN075 MN076 MN077	Mike Nalbore	WAYNE HOWITZ	0900	2/5/82	Transfer.
Sample Number MN073 MN074 MN075 MN076 MN077	WAYNE HOWITZ	JAMES W SHEARARD JR	1422	2/11/82	TRANSFER TO LABORATORY
Sample Number MN073 MN074 MN075 MN076 MN077	JAMES W SHEARARD JR	BILL ZIEGLER	1742	2/11/82	TRANSFER TO LAB MGR.
Sample Number MN074 75 76 77	BILL ZIEGLER	LEE CRATIER	0830	2/15/82	Analysis

LABORATORY NOTEBOOK ACCOUNTABILITY RECORD

[illegible]

Bates Manuscript
00316 7799

NAME OF FACILITY - Dales
FACILITY ID - NJD002167799

28-4-2 - unprocessed to 200

Department of Inspection:

Name of EPA/State Inspector -

Mike Malone

Bureau of Hygiene
N. J. D. E. P.

Findings of inspection:

Company is in violation of 262, 31, 332

265. 117

243.

1210

17.3

265.13(2)

(p)(c)(9) 5/10

(p) 91.

and 52(e)(d)(e)(f)

Action(s) taken:

Waiting reflects for notation of

7:26 - 24(g) 13 riot submitting annual report
- 7:4(g) 23 bring waste over 90 days without permit

Action(s) Recommended:

Notice informing company is in violation of above statutes. A

Follow up may be made within three months.

the **BATES** manufacturing company

Hackettstown, New Jersey 07840, U. S. A. • (201) 852-9300
TELEX 136 371 Cable—BATESNUM



May 10, 1983

NSD002167799

Mr. Conrad Simon
U.S. Environmental Protection Agency
Region II
Permits Administration Branch
26 Federal Plaza, Room #432
New York, New York 10278

PERMITS ADMIN. BRANCH
REGION II
MAY 12 3 40 PM '83
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

Dear Mr. Simon:

I am responding to your letter dated April 25, 1983, with respect to our company being delinquent to "Part A", Permit application for a hazardous waste, treatment, storage, or disposal (TSD) facility as requested.

In checking the records of our company, Mr. John Wojcicki was the maintenance supervisor at that time who applied for the application to become a TSD facility, primarily because he thought that we would be required to be a facility because we generated waste and stored it on the premises for several months.

Prior to 1980, management in most companies were not educated to really understand whether to send for this permit or not, but in our case Mr. Wojcicki decided to be on the safe side and apply.

The Bates Manufacturing Company did not and does not intend to be a (TSD) facility, but instead only a "Generator". We intend to follow the rules and regulations required by your agency, that a Generator is responsible for.

To summarize, the Part "A" Permit was never completed, to my knowledge, because we only want to be considered a "Generator", and not a TSD facility. So in effect, this would automatically declassify our company as a TSD facility.

May 10, 1983
Page 2

In speaking with your agencies Ms. Marion Pascarella on May 6, via telephone, she suggested that I write, to state that we want to be classified as a "Generator".

Please advise if you require any additional information.

Sincerely yours,

A handwritten signature in blue ink that reads "Nicholas J. Lucia, Jr." The signature is written in a cursive style with a large initial 'N'.

Nicholas J. Lucia, Jr.
Plant Manager

NL/bmk
EPA I.D. #NJD002167799



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

PAB
MAY 12 3 10 PM '83
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

NJD002167799

THE RATES MFG CO
WOJCICKI JOHN S MAINT SUP
NEWBURG RD
HACKETTSTOWN

NJ 07840

Re: Delinquent Part A Permit Application

Dear Sir or Madam:

Pursuant to the Resource Conservation and Recovery Act (RCRA), 42 U.S.C. §6901, the United States Environmental Protection Agency (EPA) is charged with the regulation of hazardous wastes. Section 3010(a) of RCRA, 42 U.S.C. §6930(a) requires all parties handling certain quantities of hazardous wastes to notify EPA of their activities within 90 days of the promulgation of regulations identifying such substances. Most hazardous waste facilities were required to notify EPA of their activity by August 18, 1980. Pursuant to that requirement, you submitted to EPA a notification as a hazardous waste treatment, storage, or disposal (TSD) facility.

40 CFR §122.22 required that all existing TSD facilities requiring a permit pursuant to Section 3005 of RCRA submit a Part A permit application by November 19, 1980. Compliance with the notification and application requirements is mandatory before a facility can achieve interim status hazardous waste authority. A facility which has not achieved interim status is not eligible to treat, store or dispose of hazardous waste. As of the date of this letter, information available to EPA indicates that no Part A permit application has been filed for the above referenced site and that no request for revision or withdrawal of your submitted notification as a TSD facility has been received by EPA.

I am requesting that you respond to this letter by May 12, 1983 and indicate your company's present status with regard to the treatment, storage and disposal of hazardous waste. If your company does not carry out the aforementioned activities, your response should include the rationale for why your company previously notified EPA that it was a TSD facility and why you now believe that your company does not treat, store or dispose of hazardous waste. Failure to respond to this letter will result in EPA revising its records so as to declassify your company

as a TSD facility. Your response should be sent to the following address:

U.S. Environmental Protection Agency
Region II
Permits Administration Branch
26 Federal Plaza, Room 432
New York, New York 10278

Should you wish to discuss the status of your facility further, you may contact the Permits Administration Branch at 212-264-9881.

Sincerely yours,



Conrad Simon
Director
Air & Waste Management Division

LAND BAN VIOLATIONS

NJA 0366486

TO: EPA Region II through J. Skoviak to K. Delaney
FROM: Andrea Pastuch *JP* through M. Bigley *MB*
SUBJECT: Land Ban Inspection for Bates Manufacturing Co.
NJD002167799

The generator is using a form letter (attached). This letter informs the TSD that the shipment contains F wastes and cannot be landfilled unless the concentration is below the applicable treatment standard. The form also gives the manifest number, date and signature of the company representative. The generator has determined the appropriate treatability group and whether the wastes exceed treatment standards to the best of their knowledge.

CH

RECEIVED
DEC 11 1991
BUREAU OF COMPLIANCE
& TECHNICAL SERVICES

Bates

The Bates Manufacturing Company

Hackettstown, NJ 07840 USA
201-852-9300 • 800-22-BATES
Telex: 136 371 • Cable-BATESNUM

September 14, 1987

Advanced Environmental Technology Corporation
Gold Mine Road
Flanders, NJ 07836

Gentlemen:

This is to advise you that The Bates Manufacturing Company is shipping waste material to Advanced Environmental, which may not be disposed by landfilling.

This notification is pursuant to 40 CFR 268.7 (a) (1), and applies to:

Manifest Number	NJA0366486
EPA waste type	F005, D002, F001 x726
Date of pick-up	9/4/87
Waste analysis data	attached
Corresponding treatment standard	- see reverse

Very truly yours,

THE BATES MANUFACTURING COMPANY



Robert Basso
Vice President of Finance

RB:hm

CORRESPONDING TREATMENT STANDARD

A check mark following the name of the Corresponding Treatment Standard(s) indicates that to best knowledge and information of generator, the waste identified on the reverse contains that solvent or solvents.

F001 - F005 Spent solvents	Concentration (in mg/l)	
	Wastewaters containing spent solvents	All other spent solvent wastes
Acetone.....	0.05	0.59
n-Butyl alcohol.....	5.0	5.0
Carbon disulfide.....	1.05	4.81
Carbon tetrachloride.....	.05	.96
Chlorobenzene.....	.15	.05
Cresols (and cresylic acid).....	2.82	.75
Cyclohexanone.....	125	.75
1,2-dichlorobenzene.....	.65	.125
Ethyl acetate.....	.05	.75
Ethyl benzene.....	.05	.053
Ethyl ether.....	.05	.75
Isobutanol.....	5.0	5.0
Methanol.....	.25	.75
Methylene chloride.....	.20	.96
Methylene chloride (from the pharmaceutical industry).....	12.7	.96
Methyl ethyl ketone.....	0.05	0.75
Methyl isobutyl ketone.....	0.05	0.33
Nitrobenzene.....	0.65	0.125
Pyridine.....	1.12	0.33
Tetrachloroethylene.....	0.079	0.03
Toluene.....	1.12	0.33
1,1,1-Trichloroethane.....	1.05	0.41
1,2,2-Trichloro-1,2,2-trifluoroethane.....	1.05	0.35
Trichloroethylene.....	0.062	0.091
Trichlorofluoromethane.....	0.05	0.96
Xylene.....	0.05	0.15
1,1,2 - Trichloroethane.....	Treatment standard for these solvents have not yet been determined by EPA.	
2 - Ethoxyethanol.....		
2 - Nitropropane.....		
Benzene.....		

BY: _____

DATE: _____

Inspector: Andrea Pastuck
Address: _____

Telephone No: _____

RCRA LAND RESTRICTION P-SOLVENT
GENERATOR CHECKLIST

I. HANDLER IDENTIFICATION

The BATES MFG. CO. Newburg Rd.
 A. Handler Name B. Street (or other identifier)
HACKENSACK NJ WARREN
 C. City D. State E. Zip Code F. County Name
Office Products Mfg.
 G. Nature of Business; Identification of Operations
NJ 002167799
 H. EPA ID #
MR. SIBILIA
 I. Handler Contact (Name and Phone Number)

II. GENERATOR COMPLIANCE

A. F-Solvent Identification

1. Does the handler generate the following wastes?

a. F001 ☒ Yes ☐ No
 b. F002 ☐ Yes ☐ No
 c. F003 ☐ Yes ☐ No

If an F003 wastestream listed solely for ignitability has been mixed with a non-restricted solid or hazardous waste, does the resultant mixture exhibit the ignitability characteristic? ☐ Yes ☐ No

d. F004 ☐ Yes ☐ No
 e. F005 ☒ Yes ☐ No

2. Source of the above: Form 8700-12 ____; Part A ____; Part B ____;
 other (specify) ____

Appendix A is intended to assist the inspector and enforcement official in determining whether the facility is generating P-solvent wastes, if such wastes were not identified by the facility previously. If you are concerned that F-solvent wastes may be misclassified or mislabeled, turn to Appendix A. Note concerns below: _____

Handler Name: _____

ID Number: _____

Inspector: _____

Date: _____

B. BDAT Treatability Group - Treatment Standards Identification**Comments**

1. Did the generator correctly determine the appropriate treatability group [268.41] of the waste (Wastewaters containing solvents, pharmaceutical wastewaters containing spent methylene chloride, all other spent solvent wastes)?

☒ Yes ☐ No

*See attached
letter to AETC*

C. Waste Analysis

1. Did the generator determine whether the waste exceeds treatment standards based on [268.7(a)]:

a. Knowledge of wastes

☒ Yes ☐ No

b. TCLP

☐ Yes ☐ No

c. Other (specify) _____

If knowledge, note how this is adequate:

If determined by TCLP, provide date of last test, frequency of testing, and attach test results.

Dates/frequency: _____

Note any problems: _____

- d. Were wastes tested using TCLP when a process or wastestream changed?

☐ Yes ☐ No

2. Did the F-solvent wastes exceed applicable treatability group treatment standards upon generation [268.7(a)(2)]?

☒ Yes ☐ No
☐ Some

3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [268.3]

☐ Yes ☒ No

D. Management

1. Onsite management

a. Were F-solvent wastes managed onsite?

☐ Yes ☒ No

If yes, answer 1(b) and (c); if no, answer 2.

Handler Name: _____
 ID Number: _____
 Inspector: _____
 Date: _____

- c. If waste is subject to nationwide variance [268.30] (e.g., solvent-water mixtures less than 1%), case-by-case extension [268.5] or petition [268.6] does generator provide notice to disposer that waste is exempt from land disposal restrictions [268.7(a)(3)]?

Comments

___ Yes ___ No

E. Storage of F-Solvent Waste

1. Was F-solvent waste stored for greater than 90 days (after variance 180/270 days for SOG) [268.50(a)(1)]?

___ Yes ☒ No

If yes, was facility operating as a TSD under interim status or final permit?

___ Yes ___ No

If yes, TSD Checklist must be completed.

F. Treatment Using RCRA 264/265 Exempt Units or Processes (i.e., boilers, furnaces, distillation units, wastewater treatment tanks, etc.)

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes?

___ Yes ___ No

If yes, list type of treatment unit and processes

If the residuals from a RCRA-exempt treatment unit are above the treatment standards, the owner/operator is considered a generator of restricted waste. The inspector should determine whether the generator requirements, particularly waste identification requirements, have been met for the treatment residuals.



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/10/97

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD002167799

FACILITY NAME -> MODULAR POWER SYSTEMS

MAILING ADDRESS -> 36 NEWBURGH RD
WASHINGTON TWP, NJ 07840

INSTALLATION ADDRESS -> 36 NEWBURGH RD
WASHINGTON TWP, NJ 07840

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: REINMANN, CRAIG
COST ANALYST
MODULAR POWER SYSTEMS
36 NEWBURGH RD
WASHINGTON TWP, NJ 07840

★ ★

To avoid delays in processing, please complete all sections.

Only original signature of the Generator is acceptable.

Please print or type

TELETYPE

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA

Notification of Regulated Waste Activity

Date Received
(For Official Use Only)

U.S. EPA
AGENCY ROUTE II

(Name) United States Environmental Protection Agency

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

NJID002167799

II. Name of Installation (Include company and specific site name)

MODULAR POWER SYSTEMS

III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

Street

36 Newburgh Rd

Street (Continued)

City or Town

WASHINGTON TWP

State

Zip Code

NJ 07840

COUNTY CODE

County Name

027 MORRIS

IV. Installation Mailing Address

Street or P.O. Box

36 Newburgh Rd

City or Town

State

Zip Code

HACKETTSTOWN

NJ 07435

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

Reinmann

Craig

Job Title

Phone Number (Area Code and Number)

COST ANALYST

908-850-5088

VI. Installation Contact Address

A. Contract Address
Location Mailing Other

B. Street or P.O. Box



City or Town

State

Zip Code

VII. Ownership PROPERTY

A. Name of Installation's Legal Owner

TRANSISTOR DEVICES INC

Street, P.O. Box, or Route Number

85 Horsehill Rd

City or Town

State

Zip Code

Cedar Knolls

NJ 07927

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

201-267-1900

P

P

Yes

No

X

070196

From: Jack Hoyt, AWMD, EPA, Region 2, 290 Broadway, 22 Fl.
New York, NY 10007-1866. Tel; (212) 637 4106

Bates was the previous tenant per Craig 3/4/97 10:55

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)

- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☒ 3. Highway
☐ 4. Water
☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
 Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)



2. Corrosive (D002)



3. Reactive (D003)



4. Toxicity Characteristic



(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
F0003
7

2
F0001
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

ORIGINAL

Name and Official Title (Type or print)

Craig Reinmann, Cost Analyst

Date Signed

2/12/97

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)